

**INSTRUCTIONS ON HOW TO COMPLETE THE LOUISIANA STATE DRIVER'S ACCIDENT REPORT
FORM #DA2041**

(The "*" marked items are mandatory to be completed) This form must be completed within 48 hours after an automobile accident in a State owned vehicle and/or a rented/leased vehicle being used on State business. Mail this report to: Office of Risk management, Claims Dept., P.O. Box 94095, BR, LA 70804. (If you are unable to complete all mandatory items in time period, please complete as many as possible and submit this report within the 48 hour period.)

- *1. Agency's Name (example: Office of Risk Management)
- *2. The Name of the Contact Person for the Agency (example: John Doe)
- *3. Phone Number of this Contact Person in #2 (example: area code/000-0000)
- *4. ORM Location Code Number for your Agency (example: Office of Risk management #0455)
- *5. State Vehicle Driver's Name (example: Print-Sam J. Jones)
- *6. State Driver's Social Security Number (example: 111-11-1111)
- *7. Date of this Accident (example: 5-26-98)
- *8. Time of this Accident (example: 2:00p.m.)
- *9. Exact Physical Address of this Accident (example: Intersection of Florida Blvd. and Wooddale Blvd., BR., LA)
- *10. Description of how this Accident Happened (example: The other driver was stopped for a red light on Florida blvd. and the State driver struck this vehicle from behind)
- *11. Was State Driver using Seat Belts at time of Accident? (example: yes or no)

State Owned Vehicle or Rented / Leased Vehicle Used for State Business

(If more space is needed please use a separate sheet)

- *12. State Vehicle Driver's Home Physical Address (example: 100 Ave A, Baton Rouge, LA 70804)
- *13. State Vehicle Driver's Home Phone Number (example: area code/000-0000)
- *14. State Vehicle Driver's Work Phone Number (example: area code/000-0000)
- *15. State Vehicle Driver's License Number (example: LA 0011111111)
- 16. Age of State Driver (example: 24)
- 17. Sex of State Driver (example: male or female)
- *18. Full Name of Vehicle Registered Owner and address (example: Office of Risk Management, 626 North 4th St., Baton Rouge, LA 70804)
- *19. Year of Vehicle (example: 1998)
- *20. Make of Vehicle (example: Ford)
- *21. Model of Vehicle (example: Crown Victoria)
- *22. Body Type (example: 4 Door or 4X4)
- *23. Vehicle License Number / Equipment Number / VIN (example: PP100000/123-890/2FALP81W5tX156000)

- *24A Where can the vehicle be seen for inspection? (example: 1000 Oak St., Alton, LA)
- *24B Describe damages (example: right front fender and grill)
- *25. Other Vehicle Driver's Name: (example: Henry J. Smith)
- *26. Other Vehicle Driver's Social Security Number (example: 000-00-0000)
- *27. Other Vehicle Driver's License Number (example: 0022222222)
- *28. Other Vehicle Driver's Age (example: 35)
- *29. Other Vehicle driver's Sex (example: male or female)
- *30 Other Vehicle Driver's Address (street #, city, state, zip code) (example: 1000 Able Street, Morgan City, LA 70000)
- *31. Other Vehicle Driver's Home Phone # (example: area code/000-0000)
- *32. Other Vehicle Driver's Work Phone # (example: area code/890-9090)
- *33. Vehicle Owner's Name and Address (if different from other driver's name) (example: Sam Smith, 100 South St., Baton Rouge, LA 70805)
- *34. Year of Vehicle (example: 1997)
- *35. Make of Vehicle (example: Chevrolet)
- *36. Model of Vehicle (example: Caprice)
- *37. Body Type of Vehicle (example: 4 Door)
- 38. License #, equipment # or VIN of Vehicle (example: BBB 123,23-890, or 1D09FGH90RTF123456)
- *39. Where can the vehicle be seen? (example: 123 19th St., Baton Rouge, LA 70806)
- *40. Other Vehicle Insurance Co. (example: State Farm Ins. Co.)
- *41. Policy Number (example: 123-456)
- *42. Describe damage(s) to Vehicle (example: right front fender and grill)
- *43. Estimate Amount (example: \$2500.00)

INJURED

(If you need more space, please use a separate sheet)

- *44. Name and Address of Injured Person (example: John Smith, 10 South St., Baton Rouge, LA 70804)
- *45 Phone Number (example: area code/000-0000)
- *46 "Ped" for Pedestrian (example: If a pedestrian was hit by vehicle, then place a check mark in this box)
- *47. "Ins. Veh." for Insured Vehicle (example: If the driver and/or passenger was injured in the State Vehicle, then place a check mark in this box)
- *48. "Other Veh." For Other Vehicle (example: If the driver and /or passenger in the other vehicle were injured then place a check mark in this box)

*49. Police Investigation (example: Did the police investigate? Type of Report: Sheriff, City or State)

WITNESSESS OR PASSENGERS

*50. Name and Address of Witnesses or Passengers (example: John Smith, 10 South St., Baton Rouge, LA 70804)

*51. Was this person a Witness or a Passenger?

*52. Phone Number (example: area code/000-0000)

*53A "Ped" for Pedestrian (example: If the witness was a pedestrian then, place a check mark in this box.)

*53B "Ins. Veh." for Insured Vehicle (example: If the witnesses or passengers were in the State Vehicle, then place a check mark in this box.)

*53C "Other Veh." For Other Vehicle (example: If the witnesses /or passengers were in the other vehicle then place a check mark in this box)